

**Employment Verification
TechCred Program**

Employee Name:		Last 4 digits Social Security Number	
Employer Name:			
Employer Address:		City:	
County:		TechCred Grant #	
Credential:		Date of Credential:	

Authorization of Release of Information

By my signature below I certify that I am or I was employed by employer and participated in the identified training program and received the identified credential during my employment. I agree that the employer named below may release my employment information to Ohio Department of Development and the Ohio Governor's Office of Workforce Transformation.

This information will be used to determine the employer's eligibility for reimbursement for the cost of credentials I received while employed by employer. I am aware that if the requested information reveals I or the employer have improperly reported employment information, the information may be provided to a prosecuting agency for possible civil action or criminal prosecution.

Signature of employee: _____ **Date:** _____

Employer to Complete

Employee Hire Date:		Employee W4 on file	<input type="checkbox"/> No <input type="checkbox"/> Yes
First Date Worked:		Employee IT4 on file	<input type="checkbox"/> No <input type="checkbox"/> Yes
Last Date Worked: (if applicable)		Employee received wages during period of credential	<input type="checkbox"/> No <input type="checkbox"/> Yes

Employer Certification

The below signer, by providing signature on this Employment Verification, certifies he or she is duly authorized to sign on behalf of employer and verify the employment information above. Signer acknowledges that any person who knowingly makes a false statement to secure economic development assistance may be guilty of falsification, a misdemeanor of the first degree, pursuant to Section 2921.13(F)(1) of the Ohio Revised Code. I am aware that if the requested information reveals the employee or the employer have improperly reported employment information, the information may be provided to a prosecuting agency for possible civil action or criminal prosecution.

Name of Employer Representative: _____ **Title:** _____

Signature of Employer Representative: _____